proper consideration, here comes another bill from the Energy and Commerce Committee. This time it is H.R. 2749, the Food Safety Enhancement Act of 2009.

I do believe that our Nation has the safest food supply system in the world, and I also agree that we should continue to examine that supply system to make certain that we continue to improve upon it. However, H.R. 2749 will not make us a better food safety country. Instead, it will expand the Federal bureaucracy, and it will impose unnecessary costs on a struggling ag economy. This legislation represents a dramatic shift in Federal policy that could, just like cap-and-trade, devastate agriculture.

This legislation was considered by the Energy and Commerce Committee just a couple of weeks ago. Now, just like cap-and-trade, the Democratic leadership wants to bypass the expertise of the Committee on Agriculture and bring this bill to the floor, this time under a suspension of the rules—no further consideration, no markups by other committees of jurisdiction, no amendments, just a vote.

One provision of H.R. 2749 that is of particular concern is section 103. This section would require the U.S. Food and Drug Administration to set on-farm performance standards. For the first time, we would have the Federal Government telling our farmers and ranchers how to grow crops and raise livestock.

The cultivation of crops and the production of food animals is an immensely complex endeavor involving a vast range of processes. We raise a multitude of crops and livestock in numerous regions, using various production methods. Imagine if the government is allowed to dictate how all of that is done. Chaos will ensue. Unfortunately, that is what H.R. 2749 allows.

Those who have never been on a farm will be allowed to tell a producer how to conduct his or her operations. We will not improve food safety by allowing the Food and Drug Administration to tell our farmers what to do. We will improve food safety by allowing farmers and ranchers to do something that they and their ancestors have been doing for generations.

There are other problems with this bill as well—new penalties, record-keeping requirements, traceability, registration mandates, user fees—all things that do nothing to prevent foodborne diseases and outbreaks but that do plenty to keep regulators busy and that increase costs.

I raised these concerns today in a hearing of the House Agriculture Committee, which was reviewing food safety. The witnesses representing the FDA tried to reassure the committee by telling us not to worry, that they knew what they were doing and that they would consult with the Department of Agriculture. However, the FDA has no expertise in crop and livestock production practices, and I have little confidence that the FDA will work with the USDA.

In fact, a recent example of the FDA's unwillingness to accept the expertise of the USDA was demonstrated this week. It involved another bill, H.R. 1549, which would restrict—in fact, eliminate—the use of animal antibiotics. H.R. 1549 would institute a ban on the nontherapeutic uses of antibiotics, which is another ill-conceived concept concerning a very complex issue. Yet we learned today that no consultation by the FDA has occurred with the USDA.

In a hearing earlier this week before the House Rules Committee, the FDA suddenly shifted its course and supported this ban. No new research or scientific analysis was presented. Again, apparently no consultation with the USDA occurred. So much for collaborating with the Department of Agriculture.

Mr. Speaker, we must stop rushing legislation through Congress without careful, thoughtful and complete consideration. Congress rarely gets things right when we have ample time to properly consider policy changes, but it never makes good decisions when rushed by arbitrary timetables. H.R. 2749 needs to be referred to the Committee on Agriculture to allow for necessary improvements to this food safety bill, improvements which will actually improve the food safety of our country and will not shut down agriculture.

We do not need FDA from farm to fork.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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WE NEED PATIENT-CENTERED HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arkansas (Mr. BOOZMAN) is recognized for 5 minutes.

Mr. BOOZMAN. Mr. Speaker, I share the views of my constituents in the Third Congressional District of Arkansas that we need health care reform. I believe all Americans deserve access to quality, affordable health care; but the one-size-fits-all experiment won't give hardworking Americans, like Melissa Swaim, the peace of mind that she and her family deserve when seeking medical treatment. Melissa is all too familiar with doctors offices. Her son requires special medical treatments every 3 months that her insurance helps pay for. She is grateful to have insurance help cut the cost of these beneficial procedures and told me if her family didn't have insurance, finding the money to cover the cost would be very difficult. But she would rather scrape her pennies together and make sacrifices on her own to pay for her son's health care rather than have someone else decide treatment on his behalf.

We need to preserve the doctor-patient relationship that Melissa and millions of Americans have learned to depend on. This allows patients to make choices that suit their individual requirements, not Washington bureaucrats. Politicians making decisions about our health care needs is a prescription for disaster. Instead of taking away health care choices, we need to be offering more opportunities for patients.

We need patient-centered health care that allows them to get the treatments and the care that they need when they need it. The Obama prescription will deny patients treatments and make them wait to get the treatments that they are allowed to receive. Recently my mother needed to have the battery changed in her pacemaker. My mom is 88 years old. She is doing very well and is a wise and caring mother, grandmother and great-grandmother to her family. With government-run health care, after taking $500 billion from the Medicare program to help pay for the new plan, it's not a given that she would have gotten the treatment when she needed it at the proper time. This is not the standard of care that I want; it's not the standard of care Melissa wants; and it's not the standard of care 90 percent of my constituents, who have taken my online survey about government-run health care, want.

We need a plan that reduces health care costs, expands access and increases the quality of care. Unfortunately the 1,018-page Obama proposal does not achieve these goals. We need to be asking some tough questions. We need to be asking the President, we need to be asking the authors of this plan such things as, Will this allow illegal immigrants, illegal aliens access to health care? There's nothing in the bill that says no. We need to ask about the elderly, people who in the past have enjoyed access to cataract surgery to restore their vision, access to artificial hips, artificial knees to increase their mobility in a timely fashion. Will this plan allow that sort of care to continue? Those are the things that we need to be working on, and certainly to try to cram this down the American public's throat in 2 weeks is not workable. Luckily we still have time to get this right. Let's work together and make patient care the top priority of our reform.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)